

OFFICIAL OFFICE USE ONLY		DATE RECEIVED:	
Application #:	_____	Inspection Date:	_____
Approved	<input type="checkbox"/>	Comments: _____	Rebate \$ _____
Disapproved	<input type="checkbox"/>	Signature: _____	Toilet #: _____
			Date: _____



OWNER, RENTER, HOA APPLICATION: THIS APPLICATION IS FOR THE USE OF HOME OWNER WHERE THE WATER ACCOUNT IS IN A DIFFERENT NAME! Applicant will receive the check. Print in Blue or Black ink only.

APPLICANT:	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	Property Type:		
*Last Name:		*First Name:		
*Mailing Address (For Rebate):		City:	State	Zip
Email:		*Phone: () -		
WATER ACCOUNT HOLDER: Complete details as they appear on the water bill.		*Water Account #		
*Last Name:		*First Name:		
*Service Address (as appears on bill):		City:	State:	Zip:

OLD TOILET INFORMATION (READ GUIDELINES FOR DIAGRAM)

No.	TANK MEASUREMENTS (INSIDE)			OFFICIAL USE: GPF
	Length:	Width:	Water level depth:	
1.				
2.				

NEW TOILET INFORMATION

* Toilet No.	*Brand Name:	*Model Name:	*Install Date:	Price (plus tax):	OFFICIAL USE: EPA #

DISCLAIMER

- Rebates are only available to City of Raleigh water or sewer customers who purchase an EPA **WaterSense** labeled toilet(s). Rebate(s) will not be disbursed to customers with past due fees.
- **Original receipt(s) for the toilet(s) listed on this application must be included with the application.** Rebate(s) will cover only the cost of the toilet. Installation charges will not be included in this rebate.
- Applicants must dispose of their old toilets properly. The City of Raleigh is not responsible for improper disposal methods.
- Filing an application does not ensure rebate disbursement. Program is not responsible for materials lost by mail. Rebates are granted on a first-come, first serve basis, while funding and supplies last. Program is subject to change or terminate without prior notice.
- **The City of Raleigh makes no warranties or representations that the HET toilet selected by the applicant will perform as represented by its manufacturer or seller or that reduced water consumption will occur for use of the HET toilet. The City of Raleigh is not responsible for the work of the installer, whether a licensed plumber or otherwise.**

APPLICANT MUST CHECK ALL BOXES, PRINT NAME, SIGN & DATE BELOW:

- ☐ I acknowledge that I am the home owner for the above address, or that I have gained permission to change out said toilets; these toilet(s) have been installed at the above address and I agree to an inspection of these toilets.
- ☐ I have read and agree to the program guidelines and conditions.
- ☐ I acknowledge that I am the City of Raleigh water account holder (or I will show their consent below) for the address listed on this application, and I agree to the use of my consumption data for program monitoring.
- ☐ I have included the original receipt(s) for the toilet(s) listed on this application.

FULL NAME (ALL CAPS) _____

SIGNATURE _____ DATE _____

ACCOUNT HOLDER MUST CHECK ALL BOXES, PRINT NAME, SIGN & DATE BELOW:

- ☐ I acknowledge that I am the City of Raleigh water account holder for the address listed on this application. I agree to the program guidelines and the use of my consumption data for program monitoring.

HOA NAME & TITLE (IF APPLICABLE): _____

NAME (ALL CAPS): _____

SIGNATURE _____ DATE _____

PHONE: _____

APPLICATION MUST BE MAILED WITH ORIGINAL RECEIPT TO:

City of Raleigh
C/O Toilet Rebate Program
One Exchange Plaza, Suite 620
Raleigh, NC 27602